

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

09 FEB -2 AM 11:53

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

COMMITTEE COVER PAGE	A RESULT A SA PORIGIFICIA	L USE ONLY
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Stalement covers From	2008 TO DEC 31, 2008
1. Committee 1.D. Number	4. Committee's Mailing Address	
137970	14235 LA CHENE A WARRED MIT 4800	ue. Be
2. Committee Name CLINTON TWP. POLICE	Area Code and Phone 586-344-6	
OFFICERS ASSNI. P.A.C.	If the address in this box is different from the co Organization, mail may be sent to this address	mmittee mailing address on the Statement of
5. Treasurer's Name and Residential Address		
BRIAN J. MAGUR 14235 LA CHENE AVE.		
WARREN MI 48088	Area Code and Phone SP	L-74/1504
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Mailin	ng Address (If the committee has a Designated
14235 La CALSUS AUX.	Record Keeper)	
WALLEN MI 49088	BRIAN J. MASUR	5
WALLEN MI 43000	14235 LA CHENE A	00
	WARLEN MI 480	
Area Code and Phone		Area Code and Phone 586-344-653
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON
89 TOLANINIJAL CTATEMENTO	ON COUNTY LEVEL	STATE AND COUNTY LEVEL
8a. TRIANNUAL STATEMENTS Even Year Odd Year	8d. ANNUAL STATEMENT	8g. AMENDMENT TO CAMPAIGN
April 25 January 31	(2003 Coverage Year) 8e. PRE-ELECTION OR	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being
July 25 July 25	8f. POST-ELECTION	amended)
October 25 October 25	Pre-Election or Post-Election	8h. DISSOLUTION OF COMMITTEE
Sh OLLADTEDLY OTATEMENTO	Statement relates to:	Effective Date of Dissolution
8b.QUARTERLY STATEMENTS CAUCUS COMMITTEES (ONLY)	PRIMARY GENERAL	By checking this item, I\We certify that
January 31 April 25	CONVENTION SCHOOL	the committee has no asset or outstanding debts, including late filing fees. Further, I
	SPECIAL CAUCUS	request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
U July 25 Cotober 25	Date of Election, Convention or Caucus:	Note: The disposition of residual funds must
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver must file Schedules. Direct contributions, in-kind contributions, loans, of the information listed in items 2, 4, 5, 6 or 7 has changed si the Statement of Organization should accompany this Campa deadline of a required campaign statement, that campaign	expenditures and outstanding debts count against nce the information was shown on the committee's ign Statement. If a request for a Reporting Waiv	the \$1,000 Reporting Waiver threshold. If any statement of Organization, an amendment to
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and com-		schedules (if any) and to the best of my
Current Treasurer or Bein J. MAST		Date 01/30/09
Designated Record Keeper Type or Print Name	Signature	

FILED



1. Committee I.D. Number / 37 970

SUMMARY PAGE
DEPENDENT OR POLITICAL COMMITTEE

2. Committee Name (Linton of Police officers ASSN. P.A.C.

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$ 3085=	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3085°	(18.)\$ 3085=
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS	(5.) \$	(20.) \$ _ 30852
In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$:
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$	(21.) \$
Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 2750=	and the second of the second o
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ 2750=	(22.) \$ 2750
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES	(10.) \$ 2750=	(24.) \$ 2750=
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS	(11.) \$	(25.) \$
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(12a.) \$	
b. Owed to the Committee (Schedule 2E) BALANCE STATEMENT	(12b.) \$	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)\$ 1143=	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.)+3085=	<u>:</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = 4228=	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.)- 2750=	·
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ 147802	*

^{*}If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS - PAYROLL

SCHEDULE 2A - 2

line 3a of Summary

Page

INDEPENDENT OF	R POLITICAL	COMMITTEE

2. Committee Name CCINTOS TP POLICE OFFICIES ASSN P. A.C

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

Please enter contributor's name and address:		Cumulative for Calendar year for Each Contributor (Through date of receipt)
Name & Address: Contribution #1 5. Date of Receipt 6 1/1/08 03/08/08 37575 CLUS BUTH CLUS PART 48036	#32	75 = 2 22 = 2 67 = 2
6. If over \$100.00 cumulative, please provide occupation:		\$
Contribution #2 5. Date of Receipt Name & Address:	\$5-00	75=
77595 BRICEBECK CUMPS TIP MI 48636	#2==	\$ 97=
6. If over \$100.00 cumulative, please provide occupation: Contribution #3 5. Date of Receipt	1/	7
Solution #3 Name & Address: MIKE ALLIS 37535 CASSBELK CLINT J TO ME 48636	== 	\$ 672
6. If over \$100.00 cumulative, please provide occupation:		
Contribution #4 Name & Address: TWY ANDERSON 37985 GROSS BECK CLINTON TO ME 48036	A 250	<u>s 52=</u>
5. If over \$100.00 cumulative, please provide occupation:		
Contribution #5 Name & Address: Tothe BATE 37585686585K CLINDS TO ME 43036 It fover \$100.00 cumulative, please provide occupation:	1/2=	\$ 52 50
ontribution #6 s. Date of Receipt ame & Address: TERF BISHOF 37985 GRESSELL CUNTON THE MX 48036	<u>#2=</u>	s 52 ==
5. If over \$100.00 cumulative, please provide occupation: Contribution #7 Jame & Address: 5. Date of Receipt		
CORM BONNER 37985 6.ROESBECK CUMPON THE WE 48036	1/200	\$ 5200
If over \$100.00 cumulative, please provide occupation:		
Contribution #8 5. Date of Receipt Office Stand Bowles 37885 GROEDBECK CLAND THE 48036 If over \$100.00 cumulative, please provide occupation:	#2=	s 52°°
	Subtotal #4/5/=	
Grand Total of All Schedi (Complete on last page of S	ules 2A-2	



SCHEDULE 2A - 2

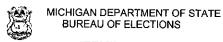
1. Committee I.D. Number ____/37970

2. Committee Name Climan of Pour of other wesn. P.A.C. INDEPENDENT OR POLITICAL COMMITTEE

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS 3. NAME OF EMPLOYER & ADDRESS: CLISTA TUP OF CLISTA 40700 Romes Plant CO CLISTA TWO INT 48038

Please enter contributor's name and address:	7. Amount	8. Cumulative for Calendar year for Each
Name & Address:		Contributor (Through date of receipt)
Contribution #1 5. Date of Receipt 0//1/08		
	254	
77588 6Ross BEEK	# 2	, 52 =
CLINTON THE ME 48036		\$ 32-
6. If over \$100.00 cumulative, please provide occupation:		
Contribution # 2 5. Date of Receipt 0 / / / / 88	\$ 300	1/500
TUE BURNS	 *′	78-
37585 GRUETBECK, 08/08/08	1/2=	22
CLIMFON + P ME 48036	- 	\$ 67-
6. If over \$100.00 cumulative, please provide occupation:		
Contribution #3 5. Date of Receipt		
Name & Address:		
DINA CARINGI (GPASS)	_ #2=	
37995 6ROESBECK	#12-	\$ /25
Coveral the MI 48036		
6. If over \$100.00 cumulative, please provide occupation:		
Contribution # 4	1/200	1/1-00
	_ 4/3 ==	73
TONT COPPOLA 08/08/08	- \$2 ==	\$ -22
77995 62363755		<u> </u>
CLINTON THE ME 48036		
6. If over \$100.00 cumulative, please provide occupation:		
Contribution # 5 5. Date of Receipt 8.4 / 11 / 23	# 3==	45-26
WINCE COLLIRA	- \$12 ×	22 50
37585 612431ECK 68/08/03	9/2-	\$ 125
CUNTO 2 NT 48036		<u>* 6 </u>
6. If over \$100.00 cumulative, please provide occupation:		
Contribution # 6 5 Date of Pageint		
Name & Address:		
LAE DELOR	\$ 200	, ,; ,
37595 6ROSS BEEK		\$ 52 ==
CLINETIN TUP INIT 48036		
6. If over \$100.00 cumulative, please provide occupation: Contribution # 7 5. Date of Receipt		
Name & Address:	\$ 500	\$175=
4 1 10 22 73 7 16 ACC	- st 2 ==	72.
37485 6Rue SBE CK	312-	
CUNTO 2 40 ME 48036		\$ 57=
5. If ever \$100.00 cumulative plane months		1
6. If over \$100.00 cumulative, please provide occupation: Contribution # 8 5. Date of Receipt		
Name & Address: 6 / / / / 2		
LARCH EMORSON	122	
THEOR ERISTRECK	# 22-	ەن سىس
CC, 27 2 TUP MI \$3036		\$ 52=
6. If over \$100.00 cumulative, please provide occupation:		
Page Su	btotal \$ 466=	
_		
Grand Total of All Schedules		
(Complete on last page of Sche	eaule)	

Page 2 of 7



SCHEDULE 2A - 2

1. Committee I.D. Number _____/ 37 タフロ

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Curran - Prices officers MISN. P. AC.

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

NAME OF EMPLOYER & ADDRESS: CLICATA Please enter contributor's name and address:		7. Amount	8. Cumulative for Calendar year for Each
		7. Amount	Contributor (Through date of receipt)
Name & Address:		-	Contributor (Through date of Tecespt)
Contribution # 1 5. Date of Receipt	01/11/00	i	
JASOD GOURSKI	,	1/200	
37595 Chows Bren		\$ 220	
CLINEN J - P IN E 48036			s 52 20
6. If over \$100.00 cumulative, please provide occupation			Ψ Ψ
	on: 		
Contribution # 2 5. Date of Receipt	01/11/08	1300	A /
JUE AX		45-	45-
37485 6RESBECK	09/08/58	1/2=	Z2 <u>**</u>
57488 02565	•	A 2	\$ 625
CLINTOS TUP ME 48436		1	Ψ
6. If over \$100.00 cumulative, please provide occupati	on	1	
Contribution #3 5. Date of Receipt			
Name & Address:	01/11/08	\$300	45=
NICK LOUNTER	01/11/08	1 "."	7 2
37585 Cho 25 15 Cell	03/-3/-6	1 \$ 2 =	22
CUNTON TO ME 43036			- 67
If over \$100.00 cumulative, please provide occupation	n:		
Contribution #4 5. Date of Receipt		11 - 114	was and also
Name X. Address:	01/11/02	\$5=	75=
Tom felivier -	60/0/29	1/2:2	22 5
37885 Gen 36 Etch	03/05/ -6	40-	\$ 975
CLISTO I THE MI 48036			,
6. If over \$100.00 cumulative, please provide occupation			•
	л:		
Contribution # 5 5. Date of Receipt	11. 1. 1. 1. 14	\$500	755
Name & Address: USVI) [Nassorta]	01/11/28	1200	22 42
37985 Chursbert	69/38/03	12 =	
37985 (208) 85 4	, ,		\$ 47-
CUMP 2 mg 48036			"-
6. If over \$100.00 cumulative, please provide occupation	n·		
Contribution # 6 5. Date of Receipt			
Name 0 Address	01/11/08		
MINE Levess	(- 4	12=	
37585 6 WESSELL	(7/241)	42-	s 14==
2,76 87 Dygs 200			\$ 77
CUMTOS TO ME 43036			
G. If myon \$400.00 assessed the second			
6. If over \$100.00 cumulative, please provide occupation	n:		
Contribution #7 5. Date of Receipt Name & Address:	01/11/08		
MATT GERUL	87711708	1	
37985 12536542		1/2=	
57485 6208305-7-			\$ 52 =
CUSTON TO ME 43036		1 1	\$ 32
		1	
. If over \$100.00 cumulative, please provide occupation	<u>:</u>		
Contribution # 8 5. Date of Receipt	11	dros	عان سے پیس
Name & Address:	0//11/30	13-	7555
Jim GILCHRIST	68/02/03	\$500	22 🚾
775 CC CR 25 3500	((#2-	
CUM- J - ME 48076		į į	s 97-
C CLYMY W			-
If over \$100.00 cumulative, please provide occupation	1:		
		 	
	Page Subtotal	\$1543=	
		13/3	
	Grand Total of All Schedules 2A-2		
	(Complete on last page of Schedule)	1	

Page 3 of 7



1. Committee I.D. Number _____/37970 SCHEDULE 2A - 2

2. Committee Name CH was Tel. Buil offwares ASSN. P.A.C. INDEPENDENT OR POLITICAL COMMITTEE

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER & ADDRESS: CLUSTER TWP of currons yourself. A. Please enter contributor's name and address:		
	7. Amount	8. Cumulative for Calendar year for Eac Contributor (Through date of receipt)
Name & Address: Contribution # 1 5. Date of Receipt		Containation (Through date of Teceipt)
Contribution #1 5. Date of Receipt 01/11/08		
37585 CROBBECK	1200	
CUNTO-1 TO ME 43036		\$ 52 =
6. If over \$100.00 cumulative, please provide occupation:		<u> </u>
Contribution # 2		
Name & Address: Daw Hochand	"	
37985 620324	#2=	
Clinery In I 48036		\$ 52
6. If over \$100.00 cumulative, places provide economic		
Contribution # 3 5. Date of Receipt		
Name & Address:	.	
KYLE KLINE (21 PMG)	8/2=	4200
37985 CROESBELL CLIMOS - P ME 48036	 	\$ 72-
If over \$100.00 cumulative, please provide occupation:		
Contribution # 4 5. Date of Receipt Name & Address:		
MICHAEL KROLL	1/200	22 00
37885 GROTHICK	-4	\$ 22 22
CHAPPA TO ME 48036		
6. If over \$100.00 cumulative, please provide occupation:		
Contribution #5 5. Date of Receipt	\$500	7 (
Name & Address: 61/11/03 6RE6 USIJSKI 08/03/03	I '	23 55
37585 6R203 BEEK 08/08/09	# 2=	
CLISTON TUP INE 48036		
If over \$100.00 cumulative, please provide occupation:		
Contribution #6	d cus	
lame & Address: CHEISTIAN MARATEZTE 05/09/09	\$15-2	78 5
37985 CROWS BETTE 08/09/08	\$ 200	22-
CLINTON TO ME 48036	-1	\$ 575
CLIATED THE 73036		
. If over \$100.00 cumulative, please provide occupation:		
ontribution # 7 5. Date of Receipt	4500	<u> ر</u> سى
ROLL MATIR	 ' '	7500
37995 6. RUETBICK 08/38/39	#2=	
CLIN+2 - PMI 49036		\$ 57 ==
If over \$400.00 suppletter at		
If over \$100.00 cumulative, please provide occupation: contribution #8 5. Date of Receipt		
lame & Address: 03/25/08		
MICHAR MARKER	1/2=	
37585 GROSBIEN	12-	7 60
CLIMION TUP ME 48036		\$ 255
. If over \$100.00 cumulative, please provide occupation:		
	dieleras	
Page S		
Grand Total of All Schedule		
(Complete on last page of Sci	nedule)	

Page 4 of 7



SCHEDULE 2A - 2

1. Committee I.D. Number ______/37 970

2. Committee Name Clivios of Pouce offices ASCN. P.A.C. INDEPENDENT OR POLITICAL COMMITTEE

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER & ADDRESS:	OF CLUSTED GOTES KINES	Mark 18 C	
4. Please enter contributor's name and address:		7. Amount	8. Cumulative for Calendar year for Each
Name & Address: Contribution # 1 5. Date of Receipt	01/11/08		Contributor (Through date of receipt)
ERIC OLTERS DOLF 37985 (BUT ASTAL CLISH J THE MIT 48036 6. If over \$100.00 cumulative, please provide occupation:		#2=	\$ 52°=
Contribution #2 5. Date of Receipt Name & Address:		- 	
TOBD FENICK 37985 CRUSTACK CLINTIN THE ME 48036 6. If over \$100.00 cumulative, please provide occupations	<u>61/11/98</u>	\$/2=	\$ 52 ==
Contribution #3 Name & Address: DAN QUINA 37985 CRETISELE CLINICAL TOP MI 48036 6. If over \$100.00 cumulative, please provide occupation:	01/11/08	#2=	\$ 52 ==
Contribution #4 5. Date of Receipt Name & Address: LES RICHEROSO 37885 6 ROSBERK CLINES TO ME (8036	01/11/08	\$ 2=	\$ 52=
6. If over \$100.00 cumulative, please provide occupation:			<u> </u>
Contribution #5 Name & Address: 5765 RUFKUS 37685 GRUFT RECK CLIMHU W MI 48036	01/11/08	15=	75 5 22 6 8 75
6. If over \$100.00 cumulative, please provide occupation: Contribution # 6 5. Date of Receipt			
Name & Address: KARL SIMON 37985 CRUSTAFFE CLINTO ME 49036 6. If over \$100.00 cumulative, please provide occupation:	08/08/08	#2=	\$ 225
Sontribution #7 Solution #7 Name & Address: DANE SOLOMON 37585 GROWN BENIC CLIMINATO ME 43036 6. If over \$100.00 cumulative, please provide occupation:	61/11/08	12=	s 52=
Contribution # 8 5. Date of Receipt Name & Address: PRESTO SUSALLA 37585 CAUCI RECEIPT CUMPS MF 48036 5. If over \$100.00 cumulative, please provide occupation:	08/08/08	#22	\$ 222
	Page Subtotal	\$40,00	
	Grand Total of All Schedules 2A-2 (Complete on last page of Schedule)	1 1-1	

Page 5 of 7



SCHEDULE 2A - 2

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number	57 <u>9</u> 70

2. Committee Name Clions of Pouce officers ASSW PAC

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

NAME OF EMPLOYER & ADDRESS: CHARLES & ADDRESS: CHARLES & ADDRESS: 4. Please enter contributor's name and address:	75763 7552 6		18. Cumulative for Calendar year for Each
		7. Amount	Contributor (Through date of receipt)
Name & Address: Contribution # 1 5. Date of Receipt	01/11/03 (4 pms)	,	
TERF ST. GERMAINE	(4 Ports)	#350	
37985 GROWSBERL		#3-	12 00
CLISTON - ME 48036		ļ	\$ 1200
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 2 5. Date of Receipt Name & Address:	01/11/08	1350	New
NEIL STAFFORD	69 /09 /09	1 ".	73
37985 6ROSS BETCH	48 / 38 / 35	#22	\$ -62-
CLINTOS TO MI 48036			\$ 67-
6. If over \$100.00 cumulative, please provide occupation:		1	İ
Contribution #3 5. Date of Receipt		1	
Name & Address:	01/11/08	\$5=	75.5
	03/34/08	1/2=	22
37985 GROWS BECK	·	<u> </u>	\$ 57-
como and me 48076			
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 4 5. Date of Receipt Name & Address:	01/11/02	43%	45-
DAVE VALDENHEEDE	01/11/02		725
37585 GROWS BERK	08/43/33	#2=	\$ 67 =
CUMPS TO ME 48036			
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 5 5. Date of Receipt	/ /	 	
Name & Address:	01/11/03	111	
SHAMMIN VANSLAM BROUCK -		#2:2	<u> </u>
			\$ 32
CLIM+2) PUP MI 48036			
6. If over \$100.00 cumulative, please provide occupation: Contribution #6 5 Date of Receipt		<u> </u>	
Contribution #6 5. Date of Receipt Name & Address:	01/11/08		
STEWE VASILLIDES		#2=	, .
37985 GWESBECK		122	s 52 =
CLUSTED TO ME 48036		1	· · · · · · · · · · · · · · · · · · ·
•			
6. If over \$100.00 cumulative, please provide occupation: Contribution # 7 5. Date of Receipt			
Name & Address:	01/11/28		
KEITH WATSON -		\$ 200	
37985 GRIBBECK			. 0 = -
CLINTUL TUP ME 48036			\$ 52
If over \$100.00 cumulative, please provide occupation:			
Contribution #8 5. Date of Receipt			
Name & Address:	01/11/08	,,	
DAVE WHEELER		1 2 2	
37985 GRUESREEK			مان وسن
CLIMPO TIP ME 48036			\$ 52-
5. If over \$100.00 cumulative, please provide occupation:			
Provide occupation.		1 1 1	<u> </u>
	Page Subtotal	145,00	
	Grand Total of All Schedules 2A-2	· · ·	
	(Complete on last page of Schedule)	1	

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SCHEDULE 2A - 2

1. Committee I.D. Number ______ / 37 970

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name Climbo The Police officers MSN. PAC

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

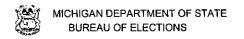
NAME OF EMPLOYER & ADDRESS (LARGE TO A TO			8. Cumulative for Calendar year for Each
4. I lease citter contributors hame and address.		7. Amount	Contributor (Through date of receipt)
Name & Address:			Contributor (Tillough date of receipt)
Contribution # 1 5. Date of Receipt	01/11/08]	
Tom wixon	61/11/08 (6/m)	\$ 200	[
57785 ORDESTREAM			. 12 ==
ciusas to mid8036			\$ 122
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 2 5. Date of Receipt	61/11/08 (15/275)		
Name & Address:	81/11/30	<i>,</i>	
37988 CROES BECK	(15 Pars)	132	1 /
CLINTON TIP INT 43036	•	''	\$ 45-22
6. If over \$100.00 cumulative, please provide occupation		1	
Contribution # 3 5. Date of Receipt	0.11.100		
DUANE BUSIA	01/11/08 (15/275)	<i>h</i> .	
375956RoESBEUL	(15 Parts)	\$25	s 30°°
CLIMPS TIP ME 48036			\$ <u>3 -</u>
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 4 5. Date of Receipt	11/2/26		
RRYAN GILBERT	61/11/08 (15 Pars)	1 - 00	- 19
37985 GROES RECK	(15 Pars)	#2°	s 30°=
CLINTON TUP ME 48036			<u> </u>
6. If over \$100.00 cumulative, please provide occupation:			
Contribution # 5 5. Date of Receipt Name & Address:	61/11/08 (15/ms)		
JIM HERTEL	81/11/03	#2=	
37995 GROESBECK	((5 Pars)	36 25	s 30°°
			\$ 3 0
CULTED TO MI 48036			
If over \$100.00 cumulative, please provide occupation:			
Contribution # 6 5. Date of Receipt	01/11/08 (15 Pers)		
WALTER JANKOWSKI	(- 0)	11-00	
37595 GRESBEUK	(is pars)	\$ 200	s 30 ==
5/595 0/40=130=14			\$ 3 -
CLINTON TO ME 48036			
. If over \$100.00 cumulative, please provide occupation:]	
Contribution #7 5. Date of Receipt			
	01/11/08	,,	
DAVE TERRY	(15 Pars)	\$ 500	
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CLINTIN THE ME 48036			\$_ /3
If over \$100.00 cumulative, please provide occupation:			
contribution # 8 5. Date of Receipt			
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•	Page Subtotal	\$ 25200	
	Grand Total of All Schedules 2A-2 (Complete on last page of Schedule)	4700000	



ITEMIZED DIRECT EXPENDIT	URES 1. Committee I.D. Number	r 1375	טרי	
SCHEDULE 2B INDEPENDENT OR POLITICAL CO	MMITTEE 2. Committee Name Ct +	سر نده	Pouces of	FICHS ATS.
. Name and address of person or vendor to whom ne expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election Cycle
Expenditure #1 lame & Address: TE DEAN RETMONS 20040 WHITE OAKS	5. DEAN 12 MANOCOS Name of Candidate TRUSTEE - CLINTON THE	08/18/58	\$ 500° ==	\$ 500 20
CLINTONTHE ME 48036	Office Sought & District # or Jurisdiction MACLE MB County	Click Here for Memo Itemization Type		
Purpose: Canfalla ContReButton	County	Click Hele	tor wemo item	zation Type
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
expenditure #2 ame & Address: Erackt Holanul For Eliator two. Trustice 15663 Stockton	5. PLANT HARMONG Name of Candidate TRUSTER - CLANTON + LP. Office Sought & District # or Jurisdiction	Dato	\$ 500	
Purpose: Company Contrabution	County Ballot Proposal Check box if expenditure is payment of Debt	onor viole to	:	mon Typo
Fund Raiser	or Obligation reported on previous statement	· · · · · · · · · · · · · · · · · · ·		-
ame & Address: CTE KENWETH PEARL 38316 SANTA BARBARA CLINTO THE MI 49036	Name of Candidate TRUSTES - CLUSTED - P. Office Sought & District # or Jurisdiction MALLS - County		\$	\$sation Type
Purpose: Campaic J Courte Ruthers	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Spenditure #4 ame & Address: CTE JOHN RUSS (41696 ALDEN CLINTON TUP ME 48038	5. JULIN RUSS! Name of Candidate TRUSTES - CLINTON TOP Office Sought & District # or Jurisdiction MALONIA County	Date	\$ <u></u> လြင	\$ 500 ==
Purpose: Campaion Contribution Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
-		- 1	\$200°	

(Complete on last page of Schedule)

Enter this total on line 8a of the Summary Page



ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B INDEPENDENT OF POLITICAL COMMITTEE

1. Committee I.D. Number	137870

INDEPENDENT OR POLITICAL CO	MMITTEE 2. Committee Name CLIN	ma map for	ines offic	SPS ASS-S P.
Name and address of person or vendor to whom the expenditure was made	Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election Cycle
Expenditure #1 Name & Address: CTE JOE CIARAMITARO 42850 GARAGED SUITE 104 CLIMTON TUP. ME 48038	5. Jos CIARAMITARO Name of Candidate JUDGE - YIB DISTRICT COURT Office Sought & District # or Jurisdiction	<u>09/19/0</u> 8 Date	<u>≈.2002</u> \$	\$ 5000
	County	Click Here for Memo Itemization Type		
4. Purpose: Canta Gai Conta Aunu Aunu A	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address: CHE GEORGE FITZGERED 43377 RIVERCATE CLISTON TO ME 48038	Office Sought & District # or Jurisdiction		\$ 250°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	\$ Z50 ==
4. Purpose: Fund Raiser	County Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name & Address:	5. Name of Candidate	Date	\$	\$
	Office Sought & District # or Jurisdiction County	Click Here t	for Memo Itemiz	zation Type
4. Purpose: Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5. Name of Candidate		¢	8
	Office Sought & District # or Jurisdiction County	Date Click Here	for Memo Item	ization Type
4. Purpose: Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			·[···
	or Obligation reported on previous statement	total this page I Schedules 2B ge of Schedule)	\$750°	